

Primary Care Clinic (PCC) or PCC Affiliate or PCC Consolidated Report of Change Application Checklist for Change of Service

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

- Check all that apply:
- Add/Remove Basic Service**
 - Add/Remove Special Service**
 - Construction/Remodel**

CHECKLIST AND INSTRUCTIONS- *Please submit your documents in this order*

REQUIRED DOCUMENTS FOR A CHANGE OF SERVICE (BASIC SERVICE)

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	<p>COVER LETTER</p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> • License number • Facility name and address • Facility ID number (if known) • Brief description of request • Days and hours of operation • Locations serviced by mobile unit (if mobile) • Contact information (name, title, phone number, and email address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature

REQUIRED DOCUMENTS FOR A CHANGE OF SERVICE (SPECIAL SERVICE OR CONSTRUCTION/REMODEL)

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	COVER LETTER (see cover letter requirements on page one)
	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION [Title 22 California Code of Regulation (CCR) section 75021(2), Health and Safety Code sections 1203 & 1212(b)(1)]</p> <p>Tips</p> <ul style="list-style-type: none"> • Page 3, section C, item 7 — When listing the names of individuals with direct or indirect ownership of the facility in section C, provide the EIN (do not enter a social security number in this field)
	Supporting Documents	<p>A.11 – OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT (OSHPD) AND/ OR CERTIFICATE OF OCCUPANCY</p> <p>If the facility is newly constructed or a remodeled building, or if this is not a previously licensed facility, submit the following:</p> <ul style="list-style-type: none"> • Certificate of Occupancy: Certificate from the local building authority • CDPH 270: Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital, to certify the facility conforms to current applicable Title 24 (OSHPD 3 Standards). This form must be signed by a California licensed architect or local building authority
	Supporting Documents	<p>D.1 – CONTROL OF PROPERTY</p> <p>Submit a signed copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the licensee</p>

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Organizational Chart	ORGANIZATIONAL CHART – SERVICES Submit a chart including all provided services
	STD 850	FIRE SAFETY INSPECTION [Title 22 CCR section 75061] The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHPD Fire Life & Safety (FLS) Inspection approval does not replace this form.

MEDI-CAL CERTIFICATION DOCUMENTS

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	HS 269	APPLICATION FOR MEDI-CAL CERTIFICATION AS A PRIMARY CARE CLINIC PROVIDER Complete, sign and date Tip <ul style="list-style-type: none"> • A Change of Ownership means the non-profit corporation owning and operating the primary care clinic does not share the same federal tax identification number as the previous number • The HS 269 form requires a National Provider Identifier number in lieu of the Medi-Cal provider number • Page 1, question 4 - the specific type of service, advice, and treatment matches any other document included with your application • Page 1, question 5 - list Medi-Cal as a source of funds